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Kathy J. M . ** CONTINUING This appln	yers, DATA claim	and, Ashland, OH; Mansfield, OH; \(************************************	2 11/08/2000					
met . Allowance . Met after . COUNTRY DR Verified and . Acknowledged Examiner's Signature Initials				DRA	EETS WING 5	VING CLAIMS		INDEPENDENT CLAIMS 9
ADDRESS FAY, SHARPE, F MINNICH & McK 7th Floor 1100 Superior Av Cleveland, OH44	EE, LI ⁄enue	_P	,					
		nethod and device for sample with facultative r	selectively enhancing t	he isola	ation of	anaerob	ic mic	roorganisms
RECEIVED	NG FEE FEES: Authority has been given in Paper EIVED No to charge/credit DEPOSIT ACCOUNT				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			